

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2024
NAME OF PROVIDER OR SUPPLIER SALEMTOWNE		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 SALEMTOWNE DRIVE WINSTON-SALEM, NC 27106		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Construction Section Biennial Survey report by Tod Hancock conducted on January 24, 2024. This facility was first licensed in 1994 as a Nursing Home and converted to Assisted Living in 2017. The facility is licensed for forty-six (46) beds. Based on the above information, the facility is required to meet the 2005 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm and the 1991 North Carolina State Building Code, Section 407, Institutional Occupancy, Group I-2. No deficiencies were cited. No further action is necessary.	C 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE